UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

In RE:	Chapter: 13
BRADLEY C. EATON	Claim Number: 16
DEBBIE A. EATON	Case Number: 19-10158
Debtor(s)	
NOTICE OF CRE	DITOR CHANGE OF ADDRESS
	by requests that the mailing address pertaining to NOTICES d in the above stated case, be changed.
NOTICE ADDRESS	
FROM:	TO:
Synchrony Bank c/o PRA Receivables Management, LLC	Synchrony Bank by AIS InfoSource, LP as agent
PO Box 41021	4515 N Santa Fe Ave
Norfolk, VA 23541	Oklahoma City, OK 73118
PAYMENT ADDRESS	
FROM:	TO:
Synchrony Bank c/o PRA Receivables Management, LLC	Synchrony Bank by AIS InfoSource, LP as agent
PO Box 41031	Dept 888 PO BOX 4457
Norfolk, VA 23541	Houston TX 77210-4457

/s/ Samir Vaghela

Creditor's Authorized Agent for Synchrony

Bank

Date: 06/28/2023

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

In RE:

Case Number: 19-10158

BRADLEY C. EATON DEBBIE A. EATON

Debtor(s)

Certificate of Service

I certify that on 06/28/2023, I caused to be served a true and correct copy of the foregoing document by electronic mail or by first class mail with postage prepaid on the following:

Via CM / ECF / NEF

Attorney for Debtor ROBERT SHEARER INFORMATION@ROBERTSHEARER.COM

Trustee RONDA J WINNECOUR

United States Trustee OFFICE OF THE UNITED STATES TRUSTEE

> /s/ Samir Vaghela Samir Vaghela AIS InfoSource, LP 4515 N Santa Fe Ave Oklahoma City, OK 73118 877-893-8820 POC AIS@aisinfo.com

LIMITED POWER OF ATTORNEY

In accordance with the MASTER SERVICES AGREEMENT dated August 1, 2020 (the "Agreement") by and between RETAIL FINANCE INTERNATIONAL HOLDINGS, INC., a wholly owned subsidiary of Synchrony Financial and an affiliate of Synchrony Bank, on behalf of itself and for the benefit of its affiliates ("RFIH"), and AIS INFOSOURCE, LP, RFIH and Synchrony Bank hereby name, constitute, and appoint AIS INFOSOURCE, LP ("AIS"), or any of its authorized agents, employees or representatives, its duly authorized attorney and agent with limited power and authority to file, maintain and defend proofs of claim for Accounts, as that term is defined in the Agreement, serviced on behalf of Synchrony Bank, and otherwise service the Accounts.

RFIH and Synchrony Bank hereby appoint AIS, its successors and assigns, as the true and lawful attorney respectively, with full power of substitution, and give and grant to AIS, and its successors, full power and authority, at any time and from time to time, to file proofs of claim for the Accounts in the name of Synchrony Bank, and to take any other such action as may be required to effect the filing of such proofs of claim and to receive notices and payments relating thereto and to otherwise service the Accounts in accordance with the Agreement.

This Limited Power of Attorney shall be effective upon the date of execution below and the authority shall expire upon November 30, 2023.

RETAIL FINANCE INTERNATIONAL

HOLDINGS,

Title: Vice President, CFO & Treasurer

STATE OF Connealicut

On this _____day of October, 2022, before me personally appeared Brian Wenzel who acknowledged himself to be the Vice President, CFO & Treasurer of RETAIL FINANCE INTERNATIONAL HOLDINGS, INC., and that he, as such officer, being authorized to do so, executed the foregoing instrument for the same purposes herein contained, by signing the name of RETAIL FINANCE INTERNATIONAL HOLDINGS, INC. by himself as Vice President, CFO & Treasurer.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this day of October, 2022.

Notary Stamp & Signature

My commission expires:

EVA WILLATT

NOTARY PUBLIC

MY COMMISSION EXPIRES 7 31 26

SYNCHRONY BANK

By:_

Title: EVP & Chief Financial Officer

STATE OF Connecticut

COUNTY OF Fartyold

On this ____day of October, 2022, before me personally appeared Brian Wenzel who acknowledged himself to be the EVP & Chief Financial Officer of SYNCHRONY BANK, and that he, as such officer, being authorized to do so, executed the foregoing instrument for the same purposes herein contained, by signing the name of SYNCHRONY BANK by himself as EVP & Chief Financial Officer.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this _____ day of October, 2022.

Notary Stamp & Signature

My commission expires:

EVA WILLATT

NOTARY PUBLIC
Y COMMISSION EXPIRES 2 7